se type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRADEMOCRATIC TRADEMOCRATIC TO THE PAPER OF THE

PTO/SB/81 (02-01)

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/511,481	
Filing Date	Feb. 23, 2000	
First Named Inventor	Gary J. Becker	
Title	Gary J Becker Expandable Intraluminal Endoprosthesis	
Group Art Unit	3738	
Examiner Name	U. Chattopadhyay	
Attorney Docket Number	1133279-0028	

I hereby appoint:		Place Customer,			
X Practitioners at 0	Customer Number 007470	Number Bar Code			
OR	<u> </u>	Number Bar Code Label here  Registration Number			
Practitioner(s) na	med below:				
	Name	Registration Number			
		Registration Number			
		3			
as my/our attorney(s) o	r agent(s) to prosecute the application id	entified above, and to transact all			
business in the United	States Patent and Trademark Office con-	nected therewith.			
Please change the corre	espondence address for the above-identi	ified application to:			
	ned Customer Number.				
OR	. [	Place Customer Number Bar Code			
Practitioners at Cu	stomer Number	Label here			
OR	T				
Firm or Individual Name					
Address					
Address					
City		State Zip			
Country					
Telephone		Fax			
I am the:					
Applicant/Inven	tor.				
		74			
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Orbus Medical Technologies, Inc.  Name By:					
Signature					
Date					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
☐ *Total offorms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box
---

PTO/S8/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Application Number** 09/511,481 REVOCATION OF POWER OF Filing Date February 23, 2000 **First Named Inventor** Gary J. Becker 2002 0 **ATTORNEY OR** FEB 2 9 Group Art Unit 3738 JTHORIZATION OF AGENT **Examiner Name** U. Chattopadhyay ENT & TOAD 1133279-0028 Attorney Docket Number

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified						
A Power of Attorney or Authorization of Agent is submitted herewith.  OR  Please change the correspondence address for the above-identified application to:    Customer Number						
OR E						
Please change the correspondence address for the above-identified application to:						
Customer Number 007470 Place Customer Number Bar Code Label here						
OR						
Firm or Individual Name						
Address						
Address						
<u>City</u>		<del></del>				
Country		State	ZIP I			
Telephone		Fax				
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Orbus Medical Technologies, Inc.						
Name by:						
Signature	Alex-					
Date	. 2/12/02					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total offorms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



UNITED STATES PARTMENT OF COMMERCE Patent and Trademark Office

101537302A\*

ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

FEBRUARY 05, 2001

**PTAS** 

YOUNG & THOMPSON THOMAS W. PERKINS

745 SOUTH 23RD STREET, SUITE 200

arto ngpod

VA 22202

FEB 2 8 2002 &

UNITED STATES PATENT AND TRADEMARK OFFICE NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE. ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 11/16/2000

REEL/FRAME: 011284/0385

NUMBER OF PAGES: 2

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

BECKER, GARY J. DR.

DOC DATE: 07/21/1998

ASSIGNEE:

ORBUS MEDICAL TECHNOLOGIES, INC.

5363 NORTHWEST 35TH AVENUE

FORT LAUDERDALE, FLORIDA 33309

SERIAL NUMBER: 09511481

FILING DATE: 02/23/2000

ISSUE DATE:

PATENT NUMBER:

SERIAL NUMBER: 09094402

FILING DATE: 06/10/1998

PATENT NUMBER: 6117165

ISSUE DATE: 09/12/2000

SHARON LATIMER, EXAMINER ASSIGNMENT DIVISION OFFICE OF PUBLIC RECORDS

## ASSIGNMENT

WHEREAS, I, Dr. Gary J. Becker, hereafter referred to as "applicant", have invented certain new and useful improvements in EXPANDABLE INTRALUMINAL ENDOPROSTHESIS, for which an application for a United States patent was filed on June 10, 1998, Application No. 09/094,402, now U.S. Patent 6,117,165 and for which a divisional application for a United States Patent was filed on February 23, 2000, Application Serial No. 09/511,481, and

WHEREAS, ORBUS MEDICAL TECHNOLOGIES, INC., of 5363 Northwest 35th Avenue, Fort Lauderdale, FL 33309, hereinafter referred to as "assignee", is desirous of acquiring the entire right, title and interest in and to the same;

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00), the receipt whereof is acknowledged, and other good and valuable consideration, applicant, by these presents, does hereby sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire right, title and interest in and to any and all patents which may be granted therefor in the United States, for its sole use and behoof, and for the use and behoof of its legal representatives, to the full end of the term for which said patents may be granted, as fully and entirely as the same would have been held by applicant had this assignment and sale not been made.

Applicant hereby authorizes and requests the Commissioner of Patents and Trademarks to issue said United States patents to said assignee.

Date: 10/3//00

Dr. Carv I Becker

PTO/SB/96 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S.Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Gary J. Becke	er			
Application No./Pareness: 09/511,481	Filed/ISSOS Date: February 23, 2000			
Entitled: Expandable Intraluminal Endopro	osthesis C R			
Ornis Medical Technologies, Inca corpo	pration 3			
(Type of Assignee) (Type of Ass	signee, e.g., corporation, partnership, university, government agency, etc.)			
states that it is:	or			
1.  the assignee of the entire right, title, and interest;	or Ros			
<ol> <li>an assignee of less than the entire right, title and The extent (by, percentage) of its ownership inter</li> </ol>				
in the patent application/patent identified above by virtu	e of either:			
A. [X] An assignment from the inventor(s) of the patent     was recorded in the United States Patent and Tr     which a copy thereof is attached.	application/patent identified above. The assignment ademark Office at Reel, Frame 0385, or for Reel 011284			
OR .				
B. [ ] A chain of title from the inventor(s), of the patent assignee as shown below:	application/patent identified above, to the current			
1	States Patent and Trademark Office at, or for which a copy thereof is attached.			
2. From:	То:			
The document was recorded in the United Reel, Frame	States Patent and Trademark Office at, or for which a copy thereof is attached.			
3. From:	То:			
The document was recorded in the United Reel, Frame	States Patent and Trademark Office at, or for which a copy thereof is attached.			
[ ] Additional documents in the chain of title are listed on a supplemental sheet.				
[ ] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]				
The undersigned (whose title is supplied below) is author	orized to act on behalf of the assignee.			
Feb 12, 2002	Robert J. Cotrone			
Date'	Typed or printed name			
	Signature			
	Vice President & CTO.			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.